(ङ) यदि नहीं, तो इसके क्या कारण हैं?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्रीमती डी० के० तारादेवी सिद्धार्थ): (क) जी, नहीं। मलेरिया के नियंत्रण के लिये संघ राज्य क्षेत्र मे मच्छर लार्वा नाशी तेल फेन्थियोन और टेमीफोस के साथ साप्ताहिक लार्वारोधी उपाय नियमित रूप से किये जा रहे हैं। ग्रामीण क्षेत्रों, झुग्गी-झोंपड़ी समूहों और परियोजना संबंधी झोंपड़ियों में बी०एच०सी० का तीन बार छिड़काव किया जाता है। इसके अतिरिक्त मच्छरलार्वा की रोकथाम के लिये जहां कहीं व्यवहार्य हो, गैम्बुसिया जैसी लार्वा भक्षी मछलियों को एकत्रित पानी में छोड़ा गया है। तथापि नेमी तौर धूमन नहीं किया जाता है क्योंकि इसकी केवल महामारियों फैलने की स्थिति में ही सिफारिश की जाती है।

(ख) जी, नहीं।

(ग) जी, नहीं। मलेरिया उन्मूलन कार्यक्रम को पूरे उत्साह से साथ संघ राज्य क्षेत्र में कार्यान्वित किया जा रहा है न कि मच्छर उन्मूलन कार्यक्रम को।

(ग) और (ङ) ये प्रश्न नहीं उठते।

People affected by AIDS in India

295. SHRI RAMDAS AGARWAL: Will thc Minister of HEALTH AND FAMILY WELFARE be pleased to
state:

(;i) whether Government's attention has been drawn to the statement of Dr. Raj Bothra, President of the AIDS India Foundation (U.S.A.) as reported in the Hindustan Times dated 3rd November, 1992 captioned "India sits atop an AIDS volcano that will soon crrupt engulfing millions";

(b) whetcr it is also a fact that according to W.H.O. about one million people in India arc infected with HIV, virus that causes AIDS and that the country is likely to have more such cases than in any other nation by 1995 and by the year 2000, more AIDS cases than in the World today;

(c) if so, the action taken by Government to meet this challenge and whether any cfective national AIDS policy-Guidelines laid down so far; and

(d) whether in North-Eastern States prcvlcncc rate reported to have risen from one percent to 50 per cent in last one year; if so, what action Government of India have taken in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K. THARA DEVI SIDDHARTHA):
(a) Yes, Sir.

(b) Yes, Sir.

(c) The Government of India has launched a Centrally sponsored scheme, with World Bank and WHO assistance, for the prevention and control of AIDS in the country. The accent is on prevention as AIDS has no cure, as of now. The programme components consist of strengthening management, increasing the level of awareness in community and among individuals, increasing safety of blood and blood products, augmenting STD control programme and improving clinical management and surveillance.

(d) With better surveillance the detection in number of HIV positive cases is also increasing not only in NE States but throughout the country.

Watcrbornc diseases in the Country

296. SHRI PRAMOD MAHAJAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that water-borne diseases are maximum in our country; and

(b) if so, the steps proposed to be taken in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K. THARA DEVI SIDDHARTHA): (a) and (b) there is no dependable data to

suggest that water-borne diseases are maximum in our country. However, in order to control and minimise the transmission of water borne disease, the Government of India have taken a number of steps to supply safe drinking water under:—

—Minimum Needs Programme.

—Accelerated Rural Water Supply Programme.

—National Water Supply & Sanitation Programme.

—Ganga Project.

The other general steps taken to prevent and control the outbreak of water borne disease include:

(i) Safe disposal of human excreta, garbage, refuse etc.

(ii) Improvement of food and personal hygiene.

(iii) Providing necessary health care facilities by strengthening health infrastructure.

(iv) Improvement of environmental sanitation; and

(v) Strengthening of health education measures.

Infant mortality rate due to malnutrition

297. SHRI S.K.T. RAMACHANDRAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the prevalent higher infant mortality rate in India is due to malnutrition to the infants;

(b) if so, what steps arc taken by Government to provide balanced nutritious diet to the infants;

(c) whether Government propose to establish infant care centres in each village in the rural areas and in each ward in the towns to educate the parents on balanced nutritious diet; and

(d) whether Government in cooperation with the State Governments would formulate scheme to launch effective propaganda on the needs of family welfare planning, parental care of expecting mothers, infant care, balanced diet, prevention of contagious and epidemic disease so that all the messages of welfare schemes reach 'unto the last'?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K. THARA DEVI SIDDHARTHA): (a) The Major causes of infant mortality in India are:—

—Causes related to delivery practices, such as Birth injuries, infections at the time of birth, respiratory infections, diarrhoea-associated deaths due to dehydration, fever of unknown origin and diseases of the circulatory system. Pre-terms and low birth weight babies contribute to the high infant mortality rate in the country. The major reason for preterm and low birth weight babies are the high fertility rates, poor maternal nutrition and infections of the reproductive system. Malnutrition is further aggravated by repeated diarrhoeal episodes and other infections, such as measles.

(b) Steps taken include, ante-natal care during pregnancy, administration of Iron & Folic Acid in women as a prophylaxis against anemia, promotion of breast feeding for infants, universal immunization programme for the prevention of vaccine preventable diseases, including measles and promotion of Oral rehydration therapy for prevention of deaths due to dehydration following diarrhoea. Under the Integrated Child Development Scheme, in operation, supplementary nutrition is also provided to the children in the age groups 0-6 years. Health education and publicity is an essential component for promoting the use of locally available, cheap food products to improve the nutritional status of mothers and children.

(c) No, Sir.